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FORM  First Named Invertor  At Unit  Examiner Name  Total Number of Pages in This Submission  Free Attached  First Submission  ENCLOSURES  Check all that apply)  Fee Transmittal Form  Pee Attached  Licensing-related Pagers  Licensing-related Pagers  Licensing-related Pagers  Licensing-related Pagers  Licensing-related Pagers  Licensing-related Pagers  After Allowance Communication to Board of Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC  (Appeal Mortune, Belfs Reply Brief)  Petition  Convert to a provisional Application  Provisional Application  Request for Refund  Convert to a provisional Application  Request for Refund  Convert to a provisional Application  Landscape Table on CD  Remarks  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  SIGNATURE OF TRANSMISSION/MAILING  hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Servico with fulficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on he date shown below:			10/815,10	64 — <del></del> ——	PECEIVED		
At Unit Examinar Name Those Tran  Total Number of Pages in This Submission 4 Atternay Docket Number 12:038-8067    ENCLOSURES (Check all that apply)			***************************************				
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Extension of Time Request  Express Abandonment Request Information Disclosure Statement  CD, Number of CD(s)  Landscape Table on CD  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  irm Name BUTZEL LONG  ignature  Michael S. Gzybowski  May 20, 2008  Reg. No. 32,816  CERTIFICATE OF TRANSMISSION/MAILING  hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with ufficient postage as first class small in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date show below:	Affidavits/declaration(s)						
Express Abandonment Request Information Disclosure Statement  CD. Number of CD(s)  Landscape Table on CD  Remarks  Request for Return  CD. Number of CD(s)  Landscape Table on CD  Remarks  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  irm Name BUTZEL LONG  ignature  finted name Michael S. Gzybowski  ate  May 20, 2008  Reg. No. 32,816  CERTIFICATE OF TRANSMISSION/MAILING  hereby cartify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with difficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria. VA 22313-1450 on the date shown below:	Extension of Time Request	Terminal Disclai	mer				
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rinted name  Michael S. Gzybowski  Ate May 20, 2008  Reg. No. 32,816  CERTIFICATE OF TRANSMISSION/MAILING  Thereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with afficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria. VA 22313-1450 on the date shown below:		,			·		
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Hedroth- Barrer of Bolton Assessment	U.S. Patent and Tra	Approved for use through 06% idemark Office; U.S. DEPAR	PTO/SB/17 (10-07 30/2010, OMB 0651-003					
Under the Paperwork Reduction Act of 1985 no persons are required to re Effective on 12/08/2004.	espond to a collection of infor	mation unless it displays a vi	alid OMB control number					
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).	Complete if Known							
FEE TRANSMITTAL	Application Number	10/815,164						
For FY 2008	Filing Date	March 31, 2004						
101112006	First Named Inventor	Mia ZUO et al. REC						
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Thoa Tran						
TOTAL AMOUNT OF PAYMENT (\$) 1440.00	Art Unit Attorney Docket No.	1711 121036-0067 MAV ·						
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify).  Deposit Account Deposit Account Number: 12-2136 Deposit Account Name: BUTZEL LONG								
For the above-identified deposit account, the Director is her	Deposit Account Na	me: BUIZEL LONG	· · · · · · · · · · · · · · · · · · ·					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below								
Charge fee(s) indicated below. except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)								
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FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
		INATION FEES						
Application Type Fee (\$) Fee (\$) Fee (\$)	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)					
Utility 310 155 510	255 210							
Design 210 105 100	50 130	<del>-</del>						
Plant 210 105 310	155. 160							
Reissue 310 155 510	255 620	310 _						
Provisional 210 105 0	0 . 0	0 _	. ;					
2. EXCESS CLAIM FEES Fee Description			<b>D</b> Entity					
Each claim over 20 (including Reissues)	Fee (\$) Fe	ee (\$) 25						
Each independent claim over 3 (including Reissues)		105 (						
Multiple dependent claims		185						
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)                                  </u>	Multiple Depend							
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims								
HP = nighest number of independent daims paid for, if greater than 3,								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or final in the reof. See 25 H.G.O. Mark Mark 11 (\$100 for the reof. See 25 H.G.O. Mark 11 (\$100 for the reof. See 25 H.G.O. Mark 12 (\$100 for the reof. See 25 H.G.O. Mark								
sheets of fraction inclose. See 35 (J.S.C. 41(a)) (J.G.) and 37 CFR 1 [A/e)								
Total Sheets								
4. OTHER FEE(S)								
Non-English Specification. \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Two Month Extension of T	ime and Notice of Appeal	<u></u>	1440.00					
SUBMITTED BY								
Signature / My bau Sliken R.	Telephone 734	-005-3110						
Name (Print/Type) Michael S. Gzybowski								

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